

Town of North Hempstead
Board of Zoning Appeals
P.O. Box 3000, Manhasset, New York 11030-2327
516 869-7667, fax: 516 869-7812

Application for Variance, Conditional Use or Permit Pursuant to the Provisions of Chapter 70 of the Code of the Town of North Hempstead of 1973 and as Amended

Receipt No. _____ Date _____ Appeal No. _____

Application must be fully completed and will not be accepted unless Affidavit of Ownership
Is executed by the record owner of property described.

By filling this application, the Owner consents to allow the Board of Zoning Appeals to enter upon and inspect the property described.

Applicant _____ Address _____

Owner: _____ Address _____

Name and address of Person who will appear for the applicant at the Public Hearing _____

Day time phone # _____

Item Application is hereby made for a conditional use or special use under Section(s) _____

A Application is hereby made for a variance of Section(s) _____

Applications is hereby made for a permit under Section(s) _____

Appeal is hereby made for a determination under Chapter 70, Article XXIV, Section _____ of the Code
Of the Town of North Hempstead under the authority vested in the Board of Zoning Appeals.

Subject Premises situated on the _____ *side of (or corner of) _____ Street
_____ feet _____ of _____
(nearest intersection) (town)

Street or House Number: _____

B Location: Section _____ Block _____ Lot(s) _____

Zoning District _____

C To permit the: Erection/Alteration/Conversion/Maintenance/Extension/Use* of _____

D Date of attached Building Department's Disapproval _____

E Question(s) involved: _____

F In connection with: a proposed/or an/Existing – Building Use (circle one)

G Type of construction: brick/frame/masonry/other _____ Fireproof? _____

Size of Lot _____ x _____ Feet front _____ feet rear _____ feet depth _____
Total square feet _____

H Size of Existing Building: feet front _____ Feet deep _____

Size of Building as Proposed: feet front _____ Feet deep _____

Height of Building: existing stories _____ Feet _____

Proposed stories _____

I Use. Present (or former, if unoccupied) _____ proposed _____

Is there any petition pending before the Town Board for change of Zone? _____

*strike out inapplicable words.

1. Give any previous Appeal No(s.) of any previous Applications file on these premises.....
2. How long has owner held title to property?
3. Are the Premises within 200 ft. of a school, public library, church, hospital or orphanage?.....
4. Has any Violations being issued affecting the premises?
5. Has a Court Summons been served relative to this matter?

I hereby submit the principle points on which this application is based with description of existing conditions and proposed work. In requesting a variance include a statement concerning your practical difficulty or hardship (attach separate sheet if necessary).

K

I hereby depose and say that all the above statements and information and all statements and information contained in paper submitted herewith are true.

Applicant's Signature _____

Sworn to before me this Day of , 2
.....
(Notary Public)

AFFIDAVIT OF OWNERSHIP

County of Nassau)
State of New York) ss:

..... being duly sworn, deposes and says that he/she resides at
.....in the County of and State of
That he/she is (the owner in fee)* (the) of
The corporation which is owner in fee)* of the premises described in this application shown on the Nassau County Land & Tax Map as
Section No. Block No. Lot(s)..... that he/she has
authorized to make this application * and that the statements of fact contained in this application are
true.

Owner's Signature _____

Sworn to before me this day of 2
.....
(Notary Public)